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In the sixth and last lecture the bilateral connections of certain cortical centres-such as those for the trunk-are discussed. It would appear that there is never any recovery of function due to the assumption of new functions by other parts of the cortex, but that the apparent restitution depends ultimately on this bilateral connection. It would further appear that the associated movements of limbs on opposite sides of the body are due to similar anatomical connections. The complete separateness of the motor areas and those for the dermal senses is maintained on the ground of both experimental and clinical evidence. The motor character of the cortical motor centres and their dependence on the surrounding sensory centres is emphasized. Of the function of that portion of the hemispheres lying in front of the praecentral sulcus little can be said, save that it is connected with fibres in the anterior portion of the internal capsule which degenerate downwards on its removal; that it passes over into the centres for the movements of the head and eyes, and that when it is removed both men and animals show some impairment of intelligence.

The So-called Motor Area of the Cortex. EDWARD B. LANE, M. D. American Journal of Insanity. April, 1891.

The author examines some of the evidence for the motor character of certain regions of the cortex. In pursuing this he discusses the muscle sense, aphasia in its various forms, and the very interesting cases of "motor hallucinations" described by Tamburini and Séglas. In these cases the patient detected the words which are spoken to them, or better through them, or which they are forced to speak (!) not through an auditory sensation, but by means of the "movements of their own tongue," to employ their expression. In the case of Tamburini the tongue could be seen to move at the tip, but when held motionless (?) the hallucinations still occurred. Further, while the patient is pronouncing one group of words she feels at the same time others forming in her mouth. The author concludes strongly in favor of the sensory nature of the so-called motor cortex.

In criticism of this general view a little anatomy will assist us. (Supposing that motor cells, or those giving rise to efferent impulses, exist predominantly in the motor regions, they must be started into acceptance of the periphery—i. e., sensory impulses. One question is then whether these sensory impulses reaching the motor cortex by sensory fibres there find sensory, or better central, cells with which they connect and by way of which they act on the motor cells, or whether the sensory fibres act directly on the motor cells. Histology does not enable us to decide the point, though pending a decision the latter view has been generally accepted. That the motor region contains a very large number of cells that carry efferent impulses from the cortex, we know from the make up of the internal capsule, and the pyramidal tracts, and the question here is, whether these peripherally discharging cells have some sensory function. This has been usually answered in the negative. We do not say that these usual views are correct, but think that the detailed anatomy of the cortex as well as the clinical facts should be admitted into so important a discussion. Rev.)

Hemianopsia. Henry D. Noyes. N. Y. Medical Record. April 4, 1891.

In considering hemianopsia as "a visual manifestation of intra-cranial disorder" a number of interesting points are clearly developed. The very large number of instances in which the dividing line in hemianopsia spares the fixation point is important. This occurs in most cases not only of the homonymous form, but also in those of double hemianopsia, as illustrated by some three cases. This immunity of central vision in